

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF DOCUMENT FILED**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Statement of Conversion

with Document # 20188003660 of  
BANKWEST SECURITIES

United States of America Foreign Other

(Entity ID # 20188003660 )

consisting of 4 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/11/2023 that have been posted, and by documents delivered to this office electronically through 01/12/2023 @ 17:34:06.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/12/2023 @ 17:34:06 in accordance with applicable law. This certificate is assigned Confirmation Number 14606608.



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

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Colorado Secretary of State  
Date and Time: 12/18/2018 11:23 AM  
ID Number: 20188003660  
Document number: 20188003660  
Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

**Statement of Conversion Converting a Domestic Entity into a Foreign Entity**  
filed pursuant to § 7-90-201.7 (2) and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name	<u>MIKE DE BRIE LIMITED</u>		
Form of entity	<u>WISCONSIN FINANCIAL CORPORATION AND OTHER JURISDICTIONS FURTHER ON</u>		
Jurisdiction	<u>Colorado</u>		
Street address	<u>36 NORTHAMPTON STREET</u> <i>(Street number and name)</i>		
	<u>BOSTON</u> <i>(City)</i>	<u>MA</u> <i>(State)</i>	<u>02118</u> <i>(ZIP/Postal Code)</i>
	<u></u> <i>(Province – if applicable)</i>	<u>United States</u> <i>(Country)</i>	
Mailing address (leave blank if same as street address)	<u>8909 LEE VISTA BLVD</u> <i>(Street number and name or Post Office Box information)</i>		
	<u>APT 2905</u>		
	<u>ORLANDO</u> <i>(City)</i>	<u>FL</u> <i>(State)</i>	<u>32829</u> <i>(ZIP/Postal Code)</i>
	<u></u> <i>(Province – if applicable)</i>	<u>United States</u> <i>(Country)</i>	

2. For the resulting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name	<u>GRUPPO TRUSTITALIA</u>		
Form of entity	<u>MASSACHUSETTS BUSINESS TRUST ISSUING SHARES ESTABLISHED ON MAY 1, 1896, AUTHORIZED, ISSUED AND FULLY PAID CAPITAL OF 10 MILLION SHARES AT EUR1.00 EACH</u>		
Jurisdiction	<u>ITALY</u>		
Street address	<u>VIA ROSA AGAZZI 8</u> <i>(Street number and name)</i>		
	<u>SAN MINIATO</u> <i>(City)</i>	<u></u> <i>(State)</i>	<u>56028</u> <i>(ZIP/Postal Code)</i>
	<u>PISA</u> <i>(Province – if applicable)</i>	<u>Italy</u> <i>(Country)</i>	
Mailing address (leave blank if same as street address)	<u></u> <i>(Street number and name or Post Office Box information)</i>		

\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) United States .  
(Country)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (Mark the applicable box and complete the statement. Caution: Mark only one box.)

☒ The resulting foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

or

☐ The resulting foreign entity maintains a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name

(if an individual)

\_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Suffix)

or

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address

\_\_\_\_\_  
(Street number and name)

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (ZIP Code)

Mailing address

(leave blank, if same as street address)

\_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (ZIP Code)

5. (If applicable, adopt the following statement by marking the box and include an attachment.)

☒ This document contains additional information as provided by law.

6. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_.  
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

7. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>CAMBRIA</u>	<u>PAUL</u>		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>VIA ROSA AGAZZI 8</u>			
<small>(Street number and name or Post Office Box information)</small>			
<hr/>			
<u>SAN MINIATO</u>		<u>56028</u>	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
<u>PISA</u>			
<small>(Province – if applicable)</small>	<small>(Country)</small>		

*(If applicable, adopt the following statement by marking the box and include an attachment.)*

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**MIKE DE BRIE LIMITED**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 1, 1896.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 7, 2013.

*Paul M. Holzem*

PAUL M. HOLZEM, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

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Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: **129652-97968CBA**